# Minnesota Department of Employment and Economic Development Angel Tax Credit Program CREDIT ALLOCATION APPLICATION FORM

### For 2015 Investments

**Data Privacy Notice:** per Minn. Stat. 116J.8737, Subd. 8, data provided in this application is not public data; certain information becomes public upon issuance of credit certificates. The name of the investor and/or fund, the amount of the qualifying investment, the amount of the credit, and the name of the business receiving the investment will be posted on the department's website.

**Tennessen Warning Notice:** per Minn. Stat. 13.04, Subd. 2, this data is being requested from you to determine if you may be allocated tax credits under the Angel Tax Credit Program. You are not required to provide the requested information, but failure to do so may result in the department's inability to allocate tax credits to you and provide you with a tax credit certificate. Upon granting of a tax credit certificate under the Angel Tax Credit Program, this information will be shared with the Minnesota Department of Revenue.

#### **CREDIT ALLOCATION PROCEDURES**

- 1. The business and investor or fund jointly applies for a credit allocation using this application form. Complete and submit only the sections needed based on the investor type (Individual, Non-Certified or Fund).
- **2.** Applicants are notified by e-mail within 15 days of the department's receipt of the application as to whether the application is approved, rejected, or if additional information is needed.

#### **INVESTMENT PROCEDURES**

- 1. Within 60 days of the Credit Allocation application approval email, the investment must be made or the allocated credit will be revoked.
  - **a.** If the investment is not made within 60 days of the approval notification, the investor or fund must notify the department within the 60 days concerning the status of the investment.
  - **b.** An unaccredited investor must be program certified within 30 days of making the investment or the allocation will be revoked.
- 2. Within 15 days of the investment transaction, submit the Proof of Investment form and documentation:
  - a. A copy of the signed investor/subscription agreement documenting the investment,
  - **b.** A copy of the investor's or fund's check, showing the investor/fund being the originator of the investment.
  - **c.** A copy of the business' deposit receipt or bank statement showing the deposit(s) made, <u>or</u> a copy of the wire transfer, which must indicate the originator and beneficiary.
- **3.** Upon receipt and processing of the requested items in #2, we will email approval of the Proof of Investment to the qualified investor and/or to the qualified fund and to the business.
- **4.** A tax credit certificate will be emailed to qualified investors and qualified fund's members toward the end of 2015 or in early 2016.

#### **SUBMIT CREDIT ALLOCATION APPLICATIONS**

E-mail (preferred) only the completed sections of the application as a PDF attachment to angel.credit@state.mn.us

Or mail application to:

MN DEED Angel Tax Credit Program, Attn: Jeff Nelson First National Bank Building 332 Minnesota Street, Suite E-200 St. Paul, MN 55101-1351

FOR DEPARTMENT USE ONLY					
ATC Entered:	Scanned/converted:	OnBase upload:			

## CREDIT ALLOCATION APPLICATION FORM For 2015 Planned Investments

I. QUALIFIED SMALL BUSINE	SS RECEIVIN	G QUALIFIED	INVESTMENT		
Name of business:			FEIN:		
The business must be certified	before the i	nvestment is	made and before this applica	ation is filed.	
I attest that this business has b	een certified	d as Qualified	Small Business for 2015:	☐ yes ☐ no	
PLANNED AND PAST INVESTM	IENT:				
Investor's Name	2015 Certified?	Intended Investment Date*	Investment description (e.g., 100 common shares)	Planned Investment Amount	
	Y N			\$	
Business' Past Angel Tax Credit	: Program in	vestments:		\$	
Total**				\$	
this application. False i	nformation,	in addition assistance,	e right to verify information to disqualifying the applimay also subject the appli	cant from any	
Please Note: The investor may <u>not</u> be an office is being made, or a family me			ne board to manage the busine	ss in which this investmen	
The investor may <u>not</u> be a principa made, or a family member <sup>1</sup> of such a		ority to act on	behalf of the business in which t	this investment is being	
The investor may <u>not</u> be an owner the business in which this inve	who, combin stment is beir	ed with his or h ng made, or a fa	ner family members <sup>1</sup> , controls m amily member <sup>1</sup> of such an owne	nore 20% of the securities or.	
<sup>1</sup> as defined by IRC 267(c)(4): "The whole or half blood), spouse, and			clude only his brothers and sisters	(whether by the	
Signature of Authorized Busin	ness Represo	entative	Title	 Date	

II. QUALIFIED INVESTOR SEEKI	NG ALLOCATION				
Name of investor:		SSN/TIN:			
The investor must be certified b I attest I have been certified as C	Qualified Angel Investor for 2015	·			
Name of business:					
If married, filing jointly and seek provide: Name of spouse:		n \$125,000 (maximum \$250,000) this year, <u>SS</u> N/TIN of spouse:			
A. Investor's Planned Investm					
Planned Investment Amount*	Intended Investment Date**	Credit Allocation Amount***			
\$		\$			
***Credit allocation amount is up to 25  Note: The investment must be made with the control of t	true to qualify)	roval or the credit allocation may be revoked.  The board to manage the business in which			
	ncipal, having authority to act or e, or a family member <sup>1</sup> of such a	n behalf of the business in which this principal.			
		family members <sup>1</sup> , controls more 20% of peing made, or a family member <sup>1</sup> of such			
	d, or will receive with this allocat alendar year (\$250,000 if marrie	tion, <u>no more than</u> \$125,000 in credits unde d, filing jointly).			
<sup>1</sup> as defined by IRC 267(c)(4): "The whole or half blood), spouse, ance		his brothers and sisters (whether by the			
_	ll statements and representation mplete to the best of his or her	s in this application, or information knowledge.			
Signature of Investor	Date				

#### SECTION III: NON-QUALIFIED (NON-CERTIFIED) INVESTOR SEEKING ALLOCATION

**Note:** This section should only be completed by an unaccredited investor who has not yet been certified and who is investing in a transaction that is exempt under Minn. Stat. 80A.46 clauses (13) or (14) or who is investing in a security registered under Minn. Stat. 80A.50 (b). Non-certified investors must apply for certification within 30 days of making the qualified investment.

Name of certified business:			
Name of Investor:	Taxpayer Id Nur	mber (SSN/TIN	):
Street Address 1:	Street Address 2:		
City:	State/Province:	Zip:	Country:
Phone:	Email:		
If married, filing jointly and see provide the following: Name of			
A. Investor's Planned Investi	ment		
Planned Investment Amount	Intended Investment Date*	Credit Allocat	tion Amount**
\$		\$	
*Per statute, Investments cannot be de **Credit Allocation Amount is up to 25			
<b>Note:</b> The minimum investment a <b>Note:</b> The investment must be ma			
<b>B.</b> Certifications (all must be	true to qualify)		
	officer, elected or appointed b g made, or a family member¹ c	•	manage the business in whicher.
	rincipal, having authority to ac de, or a family member <sup>1</sup> of suc		the business in which this
	ner who, combined with his or he siness in which this investment	•	
this program in this	calendar year (\$250,000 if ma e family of an individual shall include	rried, filing joir	• •
The undersigned certifies that a provided herein, are true and c	•	•	•
Signature of Investor	Dat	te	

SEC	TION IV. QUALIFIED FUND SEEK	NG CREDIT ALL	OCATION			
Na	me of certified business:					
Name of fund:			FEIN: -			
	e fund must be certified before the					
	ttest that this fund has been certifi					
Α.	List the Fund investor's investmen	it in qualified bu	ısıness		T	
	Name of fund members	SSN or TIN	Accredited Investor? (Yes or No)	Married, Filing Jointly? (Yes or No)	Investment Amount	Credit Allocation Amount*
1					\$	\$
2					\$	\$
3					\$	\$
4					\$	\$
5 Pleas	se submit an Excel spreadsheet if more tha	n 5 members are to	he listed with th	nis account	\$	\$
1 ICus	se submit an Excerspreadsneerly more tha	1	ment/credit		\$	\$
	<ul> <li>te: The investment must be made with</li> <li>Certifications (all must be true to</li> <li>(1) No investor in the fund is an othis investment is being made</li> <li>(2) No investor in the fund a print this investment is being made</li> </ul>	o qualify) officer, elected o e, or a family me ncipal, having au	r appointed k mber <sup>1</sup> of sucl thority to act	by the board h an officer. on behalf o	d to manage th	e business in whic
	(3) No investor in the fund is an of the securities of the busine owner.	,			,	
	(4) No investor in the fund has re under this program in this					125,000 in credits
	<sup>1</sup> as defined by IRC 267(c)(4): "The fawhole or half blood), spouse, ances			nly his brothe	rs and sisters (who	ether by the
	e undersigned certifies that all stat ovided herein, are true and comple	•			cation, or infor	mation
 Sig	nature of authorized fund represe	ntative Title			Date	

Investor 1. Name of Investor:		SSN/TIN:
Street Address:		City:
State/Province:	Zip:	Country:
Phone:		Email:
If married, filing jointly and seeking to	otal tax credits great	ter than \$125,000 (maximum \$250,000), provide the
following: Name of spouse:		SSN/TIN of spouse:
Investor 2. Name of Investor:		SSN/TIN:
		City:
		Country:
		Email:
If married, filing jointly and seeking to	otal tax credits great	ter than \$125,000 (maximum \$250,000), provide the
following: Name of spouse:		SSN/TIN of spouse:
Investor 3. Name of Investor:		SSN/TIN:
		City:
State/Province:	Zip:	Country:
		Email:
If married, filing jointly and seeking to	otal tax credits great	ter than \$125,000 (maximum \$250,000), provide the
following: Name of spouse:		SSN/TIN of spouse:
Investor 4. Name of Investor:		SSN/TIN:
		City:
State/Province:	Zip:	Country:
Phone:		Email:
If married, filing jointly and seeking to	otal tax credits great	ter than \$125,000 (maximum \$250,000), provide the
following: Name of spouse:		SSN/TIN of spouse:
Investor 5. Name of Investor:		SSN/TIN:
		City:
		Country:
Phone:		Email:
		ter than \$125,000 (maximum \$250,000), provide the
following: Name of spouse:		SSN/TIN of spouse:
(If more than 5 members, please o	attach an Excel spreads	sheet with all the necessary information listed above)